

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		8/1/99
O.I.P.E. CLASSIFIER		59229	9/10/99
FORMALITY REVIEW	AS		1/18/00

INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
1	N		10/1/99
2	N		10/1/99
3	N		10/1/99
4	N		10/1/99
5	N		10/1/99
6	N		10/1/99
7	N		10/1/99
8	N		10/1/99
9	N		10/1/99
10	N		10/1/99
11	N		10/1/99
12	N		10/1/99
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14	N		10/1/99
15	N		10/1/99
16	N		10/1/99
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26	N		10/1/99
27	N		10/1/99
28	N		10/1/99
29	N		10/1/99
30	N		10/1/99
31	N		10/1/99
32	N		10/1/99
33	N		10/1/99
34	N		10/1/99
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36	N		10/1/99
37	N		10/1/99
38	N		10/1/99
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40	N		10/1/99
41	N		10/1/99
42	N		10/1/99
43	N		10/1/99
44	N		10/1/99
45	N		10/1/99
46	N		10/1/99
47	N		10/1/99
48	N		10/1/99
49	N		10/1/99
50	N		10/1/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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